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## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number 10/086,059

Filing Date 10/27/2002

First Named Inventor Rocca

Art Unit 1617

Examiner Name

Attorney Docket Number SD-20003

I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith.						
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I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature						
Name <sub>Juan</sub>	. Rodriguez					
Date 10/20	/2006	1	elephone	609-495-0500		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
*Total of 1forms are submitted.						

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